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U.S. Palent and Tradoment Ciflox U.S. DEPARTMENT OF COAMERIC
U.S. Palent and Tradoment United It Bladens a valid OMB control number

DECLARATION FOR	Attorney D cket No.	NYMX0002			
UTILITY OR DESIGN	First Named Inventor	Matt Morano, et al.			
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number	[Not Yet Assigned]			
☑ Declaration OR ☐ Declaration	Filing Date	Herewith			
Submitted Submitted after	Group Art Unit	[Not Yet Assigned]			
Filing surcharge 37 CFR 1.16(e) required	Examiner Name				

As a below named Inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
DISTRIBUTED TRADING BUS ARCHITECTURE									
·									
the specification of which									
is attached hereto									
OR									
was filed on (MM/DD/YYYY)	as U.S. Application No. or PCT International Application No.								
and was amended on (MM/DD/YYYY)	(if applicable)								
I hereby state that I have reviewed and understand the contents of the above Identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is									
I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Appl. No.(s) Country F	oreign Filing Date	Priority Not	Certified Cop Yes	y Attached? No					
	(MM/DD/YYYY)	Claimed							
		<u>_</u>							
Cl Additional foreign application ros, are listed on a si	upplemental priority (lata sheet PTO/	SB/02B attac	hed hereto:					
Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/028 attached hereto: I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Flling Date (MM/DD/YY	YY)								

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application												
U.S. Pa	arent Application or PCT Parent No.					Pare		g Date		Parent P		
		(MM/DD/YY) (if applicable)							1010)			
Additional U.S. or PCT International application nos, listed on PTO/SB/02B attached hereto.												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith: Solution Customer Number 25235 Place bar code label here OR Registered practitioner(s) name/registration number listed below												
	Name			Registrat Numbe	tion			Name				gistration Number
	Name			100000								
☐ Additions	a) register	ed practition	er(s) na	amed on	supplet	mental sh	eet PT	O/SB/02C	attache	ed hereto		
Direct all cor							(OR 🗆 Cot	respor	ndence a	dd	ress below
or Bar Code		nce w. 😝 🔻		161 1401112								
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Address												
Address						-	-					
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Country			Telep	hone		Fax						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
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☑Additional inventors are named on _1supplemental additional inventor(s) sheet(s) PTO/SB/02A attached												

DECLARATION

ADDITIONAL INVENTOR(S)
Suppl mental Sheet
Page __1__ of __1__

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